

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90155 022 ****61.25

DOCUMENT # 715371

1. Entity Name

TROPIC HARBOR ASSOCIATION, INC.

Principal Place of Business

**800 TROPIC ISLE DRIVE
 DELRAY BEACH FL 33483**

Mailing Address

**800 TROPIC ISLE DRIVE
 DELRAY BEACH FLA 33483-4721**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1310055

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**EATON, JOHN W JR
 800 TROPIC ISLE DR.
 DELRAY BCH. FL 33483**

7. Name and Address of New Registered Agent

Name **Peter C. mollengarden, Esq.
 Becker & Poliakoff, P.A.**

Street Address (P.O. Box Number is Not Acceptable)

**500 Australian Avenue South
 9th Floor**

City **West Palm Beach**

FL

Zip Code

33401

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Peter C. mollengarden

4/13/00

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE Delete
 NAME **PD MURRAY, JAMES**
 STREET ADDRESS **800 TROPIC ISLE DR.**
 CITY-ST-ZIP **DELRAY BEACH FL**

TITLE Delete
 NAME **VD TALCOTT, WILLIAM**
 STREET ADDRESS **800 TROPIC ISLE DR.**
 CITY-ST-ZIP **DELRAY BEACH FL**

TITLE Delete
 NAME **VD KRENER, JOHN**
 STREET ADDRESS **800 TROPIC ISLE DR.**
 CITY-ST-ZIP **DELRAY BEACH FL**

TITLE Delete
 NAME **VD KATZ, IRVING**
 STREET ADDRESS **800 TROPIC ISLE DR.**
 CITY-ST-ZIP **DELRAY BEACH FL**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **VD CH. (Bud) Kenneth**
 STREET ADDRESS **800 Tropic Isle Dr.**
 CITY-ST-ZIP **Delray Beach, FL 33483**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **VD Everett Holt**
 STREET ADDRESS **800 Tropic Isle Dr.**
 CITY-ST-ZIP **Delray Beach, FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Peter C. mollengarden

4/13/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED